

**DATE PRESENTING CLINICAL SIGNS**

6/3/22 Here for Pyometra surgery about a month ago; fully recovered. Presented to rDVM this morning for decreased appetite and history of 4 days of diarrhea although D+ seems to be improving ATO.

**PATIENT**

TheIma Hoderfield

Current Medications: Ondansetron, Metronidazole, Protonix, Buprenorphine.

Lab Results: Abnormal snap CPL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Chinese Crested Song

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**SEX**

Spayed Female

The left kidney has a normal shape and size (4.24 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

2/6/10

The right kidney has a normal shape and size (4.78 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

19.9 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**REFERRING VET**

Dr. Martinoli

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**INVOICE**

38349

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. There is a fluid filled bowel loop visualized in the mid to caudal abdomen, this is most consistent with large bowel and the history of diarrhea reported.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized, which appear dilated and fluid filled with nonformed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

There is scant free fluid in the area of the urinary bladder. No significant lymphadenopathy is noted. The omentum is generally normal, but is hyperechoic in the area dorsal to the urinary bladder.

### ***Other***

The uterine stump is visualized and appears to have a small amount of intraluminal fluid. There is some hyperechoic mesentery and free fluid in this area as well. Findings could be consistent with a suture reaction, stump pyometra or inflammation secondary to the proximity to the colon.

## **PRIMARY FINDINGS**

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Fluid dilated bowel – Based on the history, suspect this is fluid dilated colon.
- Prominent uterus with a small amount of fluid and hyperechoic mesentery in the area – This could be inflammation secondary to the local colon, or could be due to suture reaction from previous surgery, or less likely uterine stump infection.

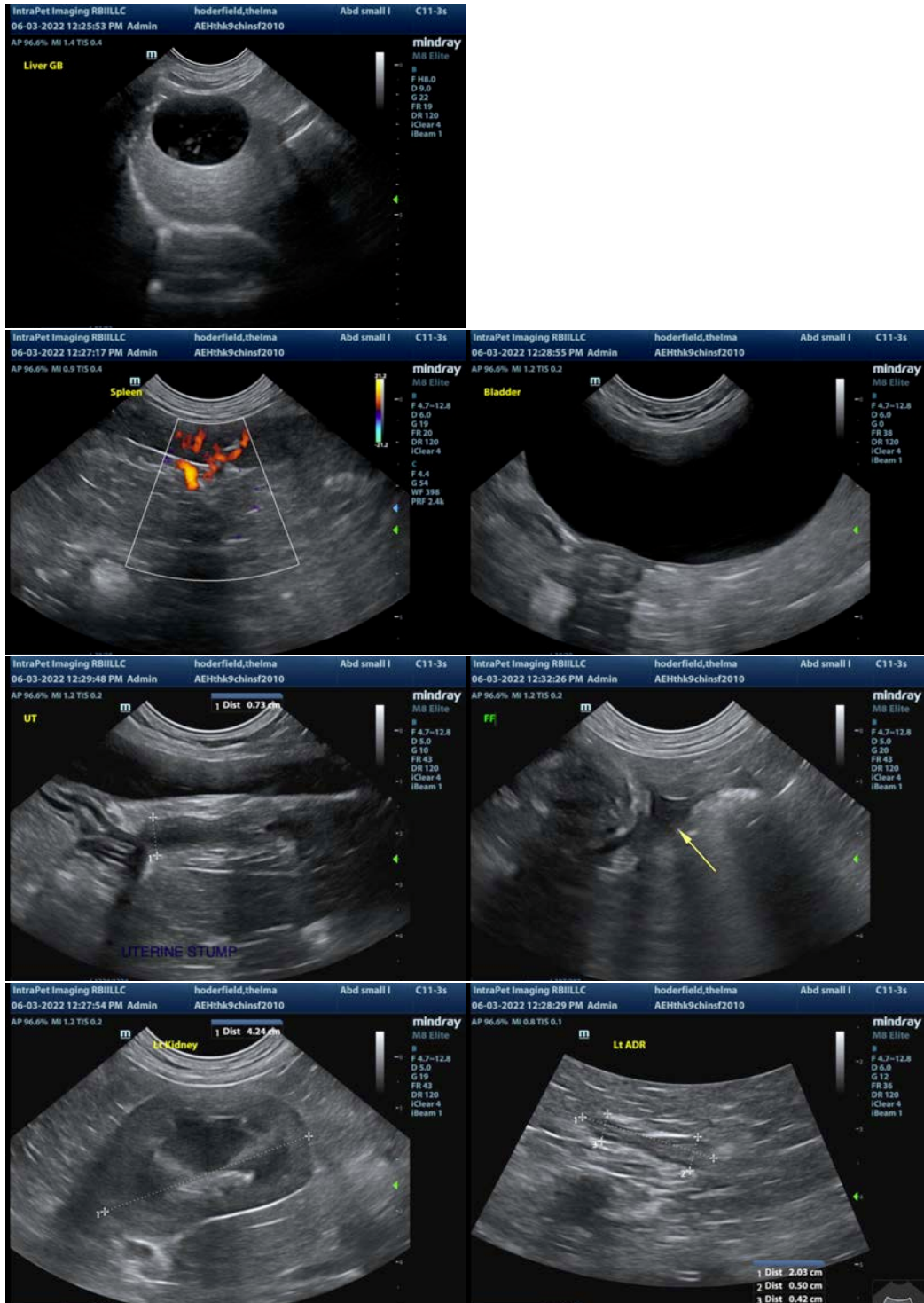
## **SECONDARY FINDINGS**

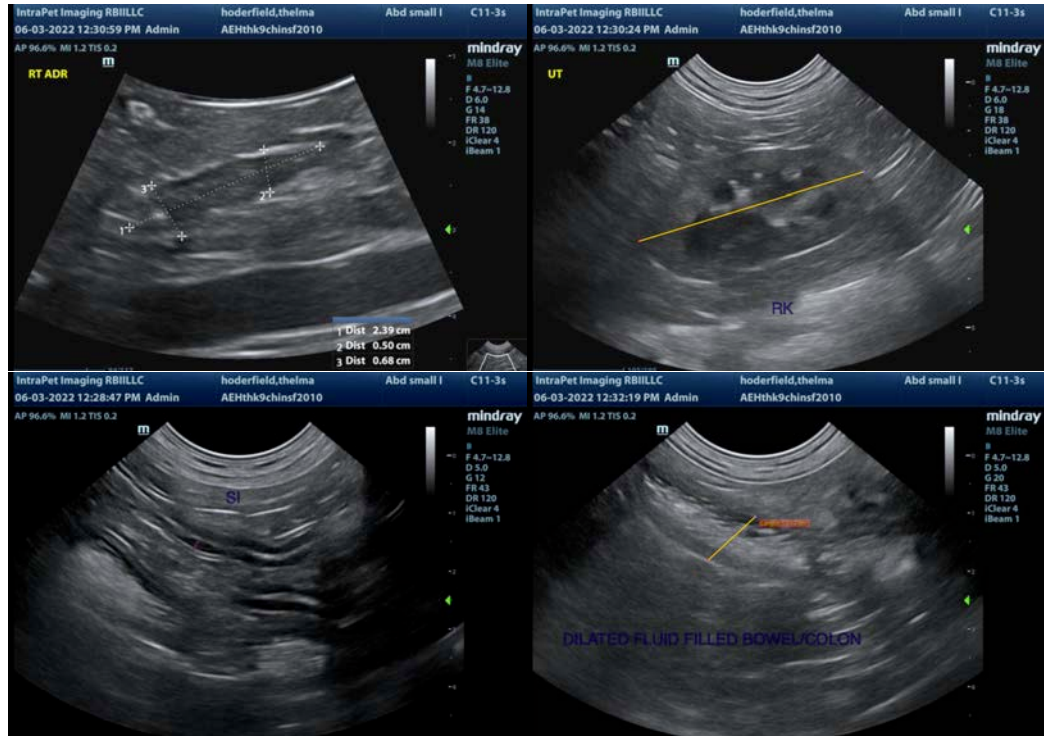
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is inflammation and a small amount of free fluid in the area of the uterine stump. This is also the area where the colon lies, so an inflamed colon could be causing some inflammation in this area as well. For now, I would recommend symptomatic therapy for acute colitis/gastroenteritis and consider rescanning the area in 3-5 days depending on how the patient is doing.

The pancreas is somewhat prominent, but mildly so. Correlate these findings with a quantitative PLI.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com